DOCUMENT RESUME

ED 307 539 CG 021 704

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TITLE Abuse of Patients in Nursing Homes: Findings from a Random Sample Survey of Staff.
INSTITUTION New Hampshire Univ., Durham. Family Research Lab.
SPONS AGENCY American Association of Retired Persons, Washington, DC. Andrus Foundation.
PUB DATE 86
NOTE 29p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Elder Abuse; *Employee Attitudes; *Institutionalized Persons; Long Term Care; *Nurses; Nurses Aides; *Nursing Homes; *Older Adults

ABSTRACT

Despite persistent allegations of widespread abuse of nursing home residents, the topic has received only limited research attention. This study involved telephone interviews with a random sample of 577 nurses and nursing aides working in long-term care facilities. Subjects reported on actions they had observed other staff commit and on actions they had personally taken. The results indicated that 36% of respondents reported having seen at least one incident of physical abuse in the preceding year, with the most frequent type of physical abuse being excessively restraining a patient. Twenty-one percent of respondents reported having seen excessive restraint of a patient; 17% reported having seen pushing, grabbing, shoving, or pinching a patient. Ten percent of respondents reported that they themselves had physically abused a patient. A total of 81% of respondents reported observing at least one psychologically abusive incident in the preceding year, with the most frequent form of psychological abuse being yelling at a patient in anger. Forty percent of respondents admitted engaging in psychological abuse of patients. Staff who reported that they frequently thought about quitting their jobs and those who tended to infantilize patients were more likely to be abusive toward patients. The findings suggest that abuse of nursing home patients is sufficiently extensive to merit public concern, and that such abuse may be a regular occurrence in institutional life. (NB)

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Abuse of Patients in Nursing Homes: Findings From a Random Sample Survey of Staff[1]

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CG 021704

1. We are grateful to the AARP Andrus Foundation, which funded this study. We are indebted to a number of persons for helpful comments on this paper, including J. Jill Suitor, Clare McMillan, Scott Feld, Murray A. Straus, and Jan Stets. We would also like to acknowledge Mary Ann LaFleur, who supervised the survey, and Chris Eaton, who assisted in it.

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Abstract

Abuse of Patients in Nursing Homes:

Findings From a Random Sample Survey of Staff

Despite persistent allegations that abuse of nursing home residents is widespread, the topic has received only limited research attention. This paper presents data from a random sample survey of 577 nurses and nursing aides working in long-term care facilities. Rates of abuse based on staff self-reports are presented, and subgroups of staff who are more likely to engage in abusive behaviors are identified. Policy and practice implications of the research are discussed.

Key Words: Nursing Homes, Abuse, Staff-Patient Relations

Abuse of Patients in Nursing Homes:

Findings From a Random Sample Survey of Staff

Although nursing homes occupy a central position in the long-term care system, research on many aspects of these institutions is still in its infancy. One area that researchers have all but neglected has been of substantial concern to the media and the public: abuse of patients by staff. Since the 1960s, patients' rights advocates have portrayed nursing homes as substandard environments in which patients run serious risk of maltreatment (Garvin and Burger, 1968; Long, 1987; Mendelson, 1974; Moss and Halamandaris, 1977; Townsend, 1970). These and other writers have cited gross limitations of patient freedom, substandard nutrition and living quarters, and verbal and physical abuse as basic features of nursing home life.

In light of such observations, the paucity of empirical investigations of maltreatment of patients in nursing homes is surprising. Although anecdotal evidence abounds, we know very little about the extent or correlates of abusive behavior by staff. Thus, Kahana's statement is as apt today as it was fifteen years ago:

> Those few accounts which look at the quality of life in institutions for the aged at close range tend to conjure up images of Dante's Inferno...Nevertheless, it must be kept in mind that there is no hard data on the prevalence of inhumane treatment in various institutional settings. Consequently there is the possibility that we are interpreting the isolated or occasional event as the norm (1973:238).

The present study represents an attempt to provide reliable information on this issue. It is the first random sample survey specifically designed to assess the scope and nature of physical and

psychological abuse in nursing homes. The analyses presented in this paper focus on the extent of maltreatment of patients, based on reports by staff. In addition, subgroups of staff are identified who are more likely to engage in abusive behaviors.

Studying Abuse of Nursing Home Patients

Although data on the extent of patient abuse in nursing homes are limited, they provide some evidence that such maltreatment does in fact occur. Stannard (1973), in a participant observation study, observed or heard about such actions as "pulling a patient's hair, slapping, hitting, punching, or violently shaking a patient, throwing water or food on a patient, tightening restraining belts so that they cause a patient pain, and terrorizing a patient by gesture or word" (334). Other qualitative studies have provided examples of these and other types of maltreatment (Fontana, 1978; Gubrium, 1975; Jacobs, 1969; Kayser-Jones, 1981). Because of the case-study approach used by these researchers, however, we do not know whether such incidents are isolated events or whether they are frequent occurrences in many nursing homes.

In the only quantitative study of this issue, Douglass, Hickey, and Noel (1980) interviewed 24 nurses and nursing aides in twelve long-term care facilities; several of the interviewees reported that abuse had occurred. Unfortunately, however, respondents were asked about maltreatment of patients either by families or staff; thus, it is impossible to determine the degree to which the abuse reported was committed by staff members. Further, the interviewees were selected by the administrators of the facilities, which would almost certainly lead to underreporting of maltreatment. The extensive literature review conducted for the present project uncovered no other staff surveys regarding abuse.

Federal and state statistics provide further documentation that abuse occurs in long-term care facilities. Doty and Sullivan (1983) note that both of these sources report numerous incidents of patient abuse each year. Monk, Kaye, and Litwin (1984) found that many complaints about staff treatment of patients are received by state nursing home ombudsman programs. Further, they provide evidence that a substantial amount of maltreatment is never reported.

Thus, several different sources indicate that patient abuse exists in nursing homes. However, no study has employed a survey approach to the problem, using a relatively large and representative sample.

Methodology

Procedure and Sample

The goal of this study was to obtain a representative sample of nurses and nursing aides in two types of nursing homes: intermediate care facilities and skilled nursing facilities. Intermediate care nursing homes serve individuals who do not need intense nursing care, but who require institutionalization because of functional impairments. Skilled nursing facilities provide care under the supervision of a physician, including 24-hour skilled nursing and a variety of therapeutic services (Johnson and Grant, 1985). The survey was limited to registered nurses, licensed practical nurses, and nursing aides, because it is they who have the most frequent and intense contact with patients (cf. Gubrium, 1975; Howsden, 1981; Kayser-Jones, 1981).

In order to draw the sample, it was necessary to obtain lists of staff members from nursing home administrators. Of the 77 nursing homes in the state,[1] thirteen were excluded because they had participated in a previous pilot study. Homes of fewer than 15 beds were also excluded from the study; seven homes were in this category. Fifty-seven nursing homes

were therefore asked to provide complete lists of staff telephone numbers. In 11 nursing homes, the administrator either refused to participate or was unable to be reached after repeated attempts. Of the remaining 46 homes, 14 provided incomplete lists or only the names of staff who had volunteered to participate. These lists were not used because they were unlikely to be representative of the staff in general. (In all of these cases, a concerted attempt was made to obtain a complete list of numbers from the home before excluding it from the study.) Thus, of the original 57 homes, 31 (54%) participated in the study.

We were concerned that the homes that elected to participate might differ in some systematic ways from other facilities in the state. Although it was impossible to answer this question definitively, participating homes were compared with the nonparticipants on size and ownership status (for-profit or nonprofit); no significant differences were found. In addition, several professionals familiar with nursing homes in the state were queried as to whether the study sample was biased in any way (e.g., in favor of high quality facilities). All of these individuals reported that the participating homes were representative of facilities in the state.

The participating homes ranged in size from 19 to 300 beds (mean = 114; s.d. = 68). Twenty-three of the facilities were operated for profit, and 9 were nonprofit institutions. All of the facilities were certified as intermediate care facilities, and several also had skilled nursing facility units.

The data were collected between February and April of 1987. Approximately 30% of staff members in each nursing home were randomly selected for telephone interviews. Of the 691 staff members contacted, 577

agreed to be interviewed, for a completion rate of 85%. All interviews were conducted by telephone and lasted approximately 30 minutes.

Sample Characteristics

Sixty-one percent of the respondents were nursing aides, 20% licensed practical nurses, and 19% registered nurses. The mean length of employment in the current nursing home was 4.6 years (s.d. = 4.8). The mean length of overall employment in nursing homes was 7.5 years (s.d. = 6.5). Nearly all of the respondents were women (97%). Fifty-nine percent of the sample were married; 21% were separated, divorced, or widowed; and 20% had never married. The ages of staff ranged from 16 to 64, with a mean age of 40 years (s.d. = 13). Thirteen percent of the respondents had not finished high school, 39% were high school graduates, 39% had had some college or vocational training after high school, and 10% were college graduates.

Measurement of the Variables

As analysts of other settings have frequently noted, the term "abuse" is very difficult to define (cf. Gelles and Straus, 1979; Johnson, 1986). For the present study, we attempted to develop definitions that were relatively simple and clear, and on which there would be substantial agreement. This led to a focus on physical and psychological abuse (for a detailed discussion of definitional issues, see , in press).

In defining physical abuse, we follow the definition of Straus, Gelles, and Steinmetz (1980:20): "an act carried out with the intention, or perceived intention, of causing physical pain or injury to another person." Psychological abuse, similarly, is defined as an act carried out with the intention, or perceived intention, of causing emotional pain to another person (e.g., threats or insults).

In order to obtain information on the extent of these types of abuse, respondents were asked to report first on actions they had observed <u>other</u>

staff commit, and then on actions they had personally taken. The questions were based on the Conflict Tactics Scale (Straus, 1979), with items added that more specifically related to nursing home maltreatment. Both sets of questions were prefaced with the wording: "Sometimes when conflicts occur with patients, the staff may find it difficult to respond in ways they are supposed to." Respondents were then asked to report how frequently in the preceding year they had seen others act, and had themselves acted, in certain ways toward patients: never, once, 2-10 times, or more than 10 times.

The following items were used as indicators of physical abuse: excessive use of restraints; pushed, grabbed, shoved, or pinched a patient; threw something at a patient; slapped or hit a patient; kicked a patient or hit with a fist; and hit or tried to hit a patient with an object. The question regarding restraints was worded to exclude appropriate use, by asking if the respondent had restrained a patient "beyond what you now really think was needed at that time."

The items measuring psychological abuse were the following: isolated a patient beyond what was needed to control him or her; insulted or swore at a patient; yelled at a patient in anger; denied a patient food or privileges as part of a punishment; and threatened to hit or throw something at a patient.

We recognize that our definition of psychological abuse could be subject to debate. In particular, yelling at a patient in anger may not seem sufficiently severe to merit inclusion. However, yelling at a patient in anger does appear to us to be a form of psychological abuse in a nursing home because (1) there are other, more effective ways to communicate with patients than angrily yelling at them, and (2) yelling at

patients in anger, by staff who are already in a position of power, is clearly intimidating to patients.

The measures we employed are restricted in another way, as well. They omit some staff actions that could cause harm to patients, such as failure to provide a clean environment, or lack of medical attention. However, such characteristics of nursing homes are covered to a degree in the more general literature on quality of care in nursing homes (cf. Institute of Medicine, 1986). We deemed it of greater importance to shed light on physical and psychological abuse, given that so little knowledge exists regarding these areas. No claim is made here that the definitions used in this paper should be employed for social policy purposes, although many states would in fact require an incident report to be filed for any of the actions we have included. In all research, certain restrictions are necessary on the phenomena under study; future efforts focusing on other aspects of inadequate care are greatly needed.

Results

Staff Reports of Abuse of Patients

Physical Abuse. We begin with abuse that staff reported they had seen others commit. In all, 36 percent of the sample had seen at least one incident of physical abuse in the preceding year. The most frequent type of physical abuse observed by staff was excessively restraining a patient (Table 1). Just over one respondent in five (21%) had seen another staff member do this to a patient. Further, of those who did mention excessive restraint of a patient, more than two-thirds said they saw it on multiple occasions.

The next most frequent type of physical abuse was pushing, grabbing, shoving, or pinching a patient. About one respondent in six (17%) had seen this kind of action, and the majority of these had seen it happen more

than once in the preceding year. Slapping or hitting a patient was also fairly frequently reported (13%), with half of those reporting it having seen such maltreatment more than once in the past year. Three percent of the respondents had seen staff throw things at patients, while 2% had seen staff kick or hit patients with a fist, or hit or try to hit them with an object.

Predictably, the proportion of respondents who admitted to abusive actions was much smaller than those who reported seeing maltreatment by other staff. Nevertheless, fully 10% of the respondents reported that they had themselves committed one or more physically abusive acts. The rank order of frequency of actions taken by respondents was (with one exception) the same as the rank order of actions observed by staff.

Thus, excessive restraint was the most frequently reported action, taken by 6% of respondents (Table 2). Pushing, grabbing, shoving, or pinching patients was committed by 3% of respondents, as was hitting or slapping a patient. Two percent of staff reported hitting a patient with an object or trying to do so, and 1% had thrown something at a patient. No one reported having kicked or hit a patient with a fist.

Psychological Abuse. A total of 81% of respondents had observed at least one psychologically abusive incident in the preceding year. The most frequent type of psychological abuse observed by staff was yelling at a patient in anger (Table 3). Over two-thirds (70%) had witnessed other staff members yelling at patients. Half of the respondents had seen staff insult or swear at patients in the preceding year. In both cases, the majority of those who reported seeing abuse indicated that it had occurred more than once.

Twenty-three percent of the respondents had witnessed other staff isolating a patient beyond what was needed to control him or her. Threats

to hit or throw something at the patient were reported somewhat less often (15%), as was denying a patient food or privileges (13%).

As with physical abuse, staff were more likely to admit to seeing other staff engage in psychologically abusive behaviors than to admit that they themselves had done so. Nevertheless, 40% of the respondents, reported that they had committed at least one psychologically abusive act within the preceding year (Table 4). The most frequent behavior was yelling at a patient; 33% of staff had done so. Nearly one respondent in ten (9%) also reported that they had insulted or sworn at a patient during the past year. Denying patients food or privileges as a punishment was reported by 2% of the staff, as was threatening to hit or throw something at the patient.

Characteristics of Abusive Staff

The data were examined to determine whether any particular factors differentiated between staff who did and did not engage in abusive behaviors. For the analysis of physical abuse, we compare staff who committed at least one act of physical abuse with those who did not. In the case of psychological abuse, respondents were not assigned to the abusive category unless they had engaged in abuse more than once in the preceding year. As noted above, some might argue that a single incident of yelling, for example, does not constitute abuse. We therefore used this stricter criterion for placement into the psychological abuse group. In all, 57 respondents (10%) fell into the physically abusive group, and 131 respondents (25%) into the psychologically abusive group.

Interestingly, abuse did not appear to be related to a number of variables that the broader literature on quality of care in nursing homes would lead us to anticipate. Researchers have in general found that poorer quality care is provided by smaller facilities (cf. Beattie and Bullock,

1964; Gottesman, 1974; Lee, 1984; Tobin, 1974; Ullman, 1981, Weihl, 1981); for-profit facilities (Elwell, 1984; Fottler, Smith, and James, 1981; Green and Monahan, 1981; Lee, 1984); and those that charge lower rates (Tobin, 1974; Kosberg, 1974). However, none of these variables was significantly related to physical or psychological abuse.

Similarly, the literature on nursing homes suggests that a variety of staff characteristics might be associated with abuse (see , in press). These studies indicate that abusive staff would tend to be younger (Penner et al., 1984; Baltz and Turner, 1977); to be less well educated (Baltz and Turner, 1973; Stannard, 1973; White, 1977); to have fewer years of experience working in nursing homes (Baltz and Turner, 1973; Handschu, 1973; Penner, Luderria, and Mead, 1984); and to be nursing aides rather than nurses (Fontana, 1978; Kayser-Jones, 1981; Stannard, 1973). Again, none of these variables was significantly related to either form of abuse.

Several subgroups of staff were more likely to engage in abusive behaviors, however. There were general similarities between factors associated with both abuse types (Tables 5 and 6). Thus, staff who reported that they frequently think about quitting (a measure of job satisfaction) were more likely to commit abuse. Staff who tended to infantilize patients were also more likely to be abusive toward them. Specifically, respondents who agreed with the statement "Nursing home patients are like children; they need discipline from time to time" were more likely to commit abuse.

Two other factors were also predictive of both types of abuse. Respondents were asked nine items from the Maslach Burnout Inventory (Maslach, 1982). These items were summed and divided into low, medium, and high groups. Persons who scored in the "high" category were substantially more likely to engage in abuse. Respondents were also asked the frequency

with which they had arguments or conflicts with patients in nine areas (e.g., over food, visitors, personal hygiene). These items were also scaled, with persons reporting high levels of conflict more likely to commit abuse.

One additional factor was related to psychological, but not physical, abuse. Persons who reported that their personal lives were "somewhat" or "very" stressful were more likely to engage in abuse.

Discussion

The statistics presented above provide a preliminary picture of patient abuse in nursing homes. They indicate that such abuse is sufficiently extensive to merit public concern. Substantial proportions of staff report that abusive behaviors occur, and that they happen multiple times in the course of a year. Even more important, a significant minority of staff have themselves committed physically or psychologically abusive actions. Based on the evidence from this study, it does not appear that maltreatment only occurs in isolated, well-publicized incidents, but that it may instead be a regular occurrence in institutional life.

The survey approach taken in the present study provides a substantial improvement over earlier studies in estimating the extent to which abuse by staff members occurs in nursing homes. Nevertheless, the study is limited in several ways. First, the figures regarding the extent of abuse are not to be interpreted as incidence rates of maltreatment. Specifically, we have no way of knowing how many patients were maltreated by staff. Staff in the same facility may have been reporting experiences with the same patient or group of patients.

Second, it is very likely that some underreporting of abusive actions occurred. The introduction to the section on abusive behaviors clearly

stated that the actions inquired about were not appropriate responses. The social undesirability of the responses, therefore, favored nonreporting of such actions. The discrepancies between rates of observed abuse and personally committed abuse further indicate that respondents may not have been fully candid in their responses.

A third obvious limitation must also be noted: the data in this study come only from staff. Based on several studies that point to differences between the perceptions of nursing home staff and patients (cf. Schneider and Coppinger, 1971; Stein, Linn, and Stein, 1987), it is possible that interviews with patients would present a contrasting picture of nursing home abuse. A survey of patients regarding abuse they have experienced is greatly needed, although a variety of methodological problems would make such a study difficult, including getting access to patients and obtaining information regarding incompetent patients.

Despite such limitations, it is possible to comment on implications for research and for practice and policy. Perhaps most important, the present study demonstrates that surveys of maltreatment in nursing homes can be conducted. Staff are willing to talk, and often at great length, about abusive actions they have observed, and even those they have done. Because the potentially detrimental effects of abuse on patients are so great, methodologically sound studies are critically needed that further explore the causes of such behaviors. It is only in the light of increased knowledge that successful abuse prevention programs can be developed.

The study also points to a need for greater acknowledgement of the importance of concrete interactions between staff and patients (, in press). Researchers on the quality of care in nursing homes have tended to employ structural variables, examining their impact on certain other facility characteristics, such as the relationship between ownership

status and institutional performance (Elwell, 1984; Gottesman, 1974; Green and Monahan, 1981); the effects of facility size on quality of building features and rehabilitation programs (Ullman, 1981); and the degree to which level of profit affects such variables as nursing hours per patient day and staffing ratios (Fottler, Smith, and James, 1981).

These and similar studies have explored factors that have relatively little to do with the actual experience of patients. Instead, the most critical variables in nursing home quality of care may be the relationships patients have with staff. For example, Donabedian (1980) acknowledges that patients place greatest emphasis on the interpersonal aspects of care and on the amenities of care. Even if technical aspects of care in a nursing home are correctly carried out, patients' experience of life in a nursing home may be negative. Long-term care patients view the facility as their home, where interpersonal interactions -- including negative behaviors by staff -- become paramount (cf., Gubrium, 1975; Howsden, 1981). Abuse or neglect of patients may form an important aspect of this interpersonal process. Therefore, in order to understand the determinants of quality nursing home care as perceived by patients, further study of conflictual staff-patient interactions is necessary.

From a practice and policy perspective, the findings on the frequency of maltreatment are discouraging: despite increases in federal and state regulation of nursing homes over the past two decades, some staff are nevertheless able to behave inappropriately toward patients. Additional efforts appear greatly needed to detect and put a stop to abusive behaviors. Prevention and treatment of abuse should be a high priority for the nursing home industry and for federal and state government.

The findings regarding factors that are associated with abuse point toward some possible interventions. Maltreatment appears to be at least

in part a response to a stressful working situation, rather than to structural factors such as the size or ownership status of the facility. Instead, staff who are burned-out, who are dissatisfied with their jobs, and who experience significant staff-patient conflict are at greatest risk of engaging in abusive behavior. In addition, staff who have negative attitudes toward the elderly appear to be more likely to behave inappropriately toward them.

Many authors have documented the tremendous pressure inherent in nursing home work. Elsewhere, we have reported data from the study that demonstrate that staff work in situations of very high conflict, in which they are at times verbally and physically assaulted by patients (, 1987). The work is physically very taxing, the wages are low, and the prestige of the job is not high. Further, although new staff receive training on the mechanics of providing care, they are usually not trained in ways to handle the difficult interpersonal issues that arise with patients.

In order to begin to remedy this situation, federal and state agencies must work with the nursing home industry to upgrade the quality of nursing home staff and to reduce the stress and tension staff experience. A possible step in this direction is to increase funding for nursing homes, which would allow for the hiring of more and better qualified nursing home workers (Institute of Medicine, 1986). As a short-term solution, training is critically needed in managing difficult patient care situations, in conflict resolution, and in stress reduction techniques. The findings of this study present a picture of staff who are working in highly stressful, difficult environments. By reducing this stress, while increasing the ability of staff to resolve conflicts in more positive ways, nursing homes may become more humane environments.

TABLE 1. Physical Abuse Observed by Staff in Past Year (N-577)

	Never	Once	2-10 Times	More Than 10 Times
Excessive use of restraints	79%	6%	9%	6%
Pushed, grabbed, shoved, or pinched	83%	7%	9%	1%
Slapped or hit	88%	6%	6%	--
Threw something	97%	2%	1%	--
Kicked or hit with fist	98%	1%	1%	--
Hit or tried to hit with object	98%	1%	1%	--

2. Physical Abuse Committed by Staff in Past Year (N-577)

	Never	Once	2-10 Times	More Than 10 Times
Excessive use of restraints	94%	3%	2%	1%
Pushed, grabbed, shoved, or pinched	97%	2%	1%	--
Slapped or hit	97%	2%	1%	--
Threw something	99%	--	1%	--
Kicked or hit with fist	100%	--	--	--
Hit or tried to hit with object	98%	1%	1%	--

TABLE 3. Psychological Abuse Observed by Staff in Past Year (N-577)

	Never	Once	2-10 Times	More Than 10 Times
Isolated patient inappropriately	77%	7%	12%	4%
Insulted or swore at	50%	9%	30%	11%
Yelled at patient in anger	30%	11%	44%	15%
Denied food or privileges	87%	2%	8%	3%
Threatened to hit or throw at	85%	5%	9%	1%

TABLE 4. Psychological Abuse Committed by Staff in Past Year (N-577)

	Never	Once	2-10 Times	More Than 10 Times
Isolated patient inappropriately	98%	2%	2%	--
Insulted or swore at	90%	4%	5%	1%
Yelled at patient in anger	67%	15%	17%	1%
Denied food or privileges	96%	1%	2%	1%
Threatened to hit or throw at	98%	1%	1%	--

TABLE 5. Self-Reported Physical Abuse by Selected Staff Characteristics

	Physical Abuse (N-57)	No Physical Abuse (N-507)	
Frequently thinks of quitting	58.9%	36.6%	**
Believes that "patients are like children"	62.5%	44.8%	*
High burn-out	47.9%	29.9%	**
High conflict	42.0%	23.4%	*

* chi square p< .05 ** p< .01

TABLE 5. Self-Reported Psychological Abuse by Selected Staff Characteristics

	Psychological Abuse (N-131)	No Psychological Abuse (N-428)	
Frequently thinks of quitting	51.5%	35.5%	**
Believes that "patients are like children"	57.0%	44.1%	*
High burn-out	47.1%	26.7%	***
High conflict	35.0%	22.4%	***
Personal life is stressful	49.2%	33.4%	**

* chi square p< .05 ** p< .01 *** p<.001

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1. Because of the sensitive nature of the data, we have chosen not to reveal the name of the state in which the study took place. We are concerned that nursing homes in the state will be seen as particularly prone to maltreatment. In fact, there is no reason to believe that rates of maltreatment are higher in this state than in any other. To guard against such an impression, the state will remain unidentified.

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